Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90036 043 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000013204

1. Corporation Name

HUTAL S	OUTIWANE, ING.								
Principal Place	e of Business	Mailing Address				L 10011601 110 19110 01111 00	ilia Aliai Aliai Anai A	.1000 (1)(1) 11011 1	MIST MINI SOUT
926 TRUMAN AVENUE 926 TRUMAN AVENUE									
KEY WEST FL 34630 KEY WEST FL 34630						DO NOT WRITE IN THIS SPACE			
								SPACE	
	••					3. Date Incorporated or Qual	ntea		
			_			02/12/1996			
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		 	olied For
21		26				59-33601 <u>29</u>		~~ 	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·l			5. Certifcate of Status Desire	ed 🛘	\$8.75 A	
City & State	e	City & State	City & State			6. Election Campaign Finance	ing []	\$5.00 A	•
23		28				Trust Fund Contribution Added to Fees			
Ζiρ	CountryZip			ntry		8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax. Yes No				
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of N	ew Registered	Agent	
				81	Name				
	EY, ALBERT		}	82	Street Addre	ess (P.O. Box Number is Not Ac	ceptable)		
926 TRUMAN AVE			1		J. 1001 / 122 · 1				
KEY	WEST FL 33040		ſ	83					l l
	•		-	0.4	Cit.	· · · · · · · · · · · · · · · · · · ·	·	85 Zip C	'ode
	•			84	City		FL	. 65 240	000
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	VP □ DELETE 1.1		1.1 TITI	E				Change	☐ Addition
NAME	Kelley, Albert		1.2 NA			¥			
STREET ADDRESS	926 TRUMAN AVE		1.3 STRE		DDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CIT)		ZIP				
TITLE			2.1 TIT	LE	P			Change	☐ Addition
NAME	NAGEY, ROBERT		2.2 NA	2.2 NAME		agey, Robert		•	ł
STREET ADDRESS	236 RUBICON RUAD		2.3 STF	REETA	DDRESS P	.O.Box 7			
CITY-ST-ZIP	DAYTON OH 45409		2.4 CI	Y-ST-	ZIP N	inole, Hawaii,	96773		
TITLE	<u> </u>	☐ DELETE	3.1 TIT			· · ·		Change	Addition
NAME		*	3.2 NA				يد. فيعمل الدر		
					DORESS				ì
STREET ADDRESS			3.4. CIT		1				
CITY+ST+ZIP TITLE	 	DELETE	4,1 TIT					☐ Change	☐ Addition
	,		4. 2 NA						
NAME			- 1		DDRESS	•			
STREET ADDRESS									
CITY-ST-ZIP		DELETE	4.4 CIT 5.1 TIT	-	ZIP			Change	Addition
TITLE	•	₩ verele	5.1 III 5.2 NA						
NAME					DDRESS				,
STREET ADDRESS			5.4 CIT						ļ
CITY-ST-ZIP			6.1 TITI		LIF			☐ Change	Addition
11117				_					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP